

Summer Kids Camp Registration Form

Child's Name: _____ Date of Birth: _____

Address: _____ Sex (M/F): _____ Age: _____

Parent/Guardian: _____

Phone: _____ Cell: _____ Work: _____

**** PLEASE INDICATE WHICH NUMBER YOU CAN BE REACHED AT WHILE YOUR CHILD IS IN THE PLAYGROUND PROGRAM ****

Emergency Contact #1 (name and number): _____

Emergency Contact #2 (name and number): _____

Child Release

Please list ALL the people who are allowed to pick up your child/children. (If different from above). Children are not allowed to leave with any other person without written authorization from a parent or guardian.

#1		Ph. #		Relationship	
#2		Ph. #		Relationship	
#3		Ph. #		Relationship	

Medical Information

Care Card Number: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Allergies? Yes No Specifics (food/medication/insects): _____

Child's Swimming Ability Please indicate your child's swimming ability:

Strong Swimmer (deep water/pool)
Capable Swimmer (up to shoulder/shallow end of big pool)
Weak Swimmer (waist deep/shallow end of big pool)
Non-Swimmer (shallow water/small pool only)

My child has completed swimming level: _____ My child requires a lifejacket? **YES / NO**

Continue on back

Health & Special Considerations

Parents of children with developmental delays, disabilities, and behavioural or emotional exceptionalities will need to provide a worker (from an applicable support organization) to accompany their child to the program and supervise your child at all times.

What special considerations should we be aware of to better meet your child’s needs. (check all that apply).

Hearing	<input type="checkbox"/>	Behavioral Concerns	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Emotional/Psychological	<input type="checkbox"/>
Visual	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Intellectual (Mental)	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Asthma	<input type="checkbox"/>						

How can our staff better meet your child’s needs? _____

Medication: Yes No Specifics: _____

Medical Release:

To the best of my knowledge, the above playground participant is in good health and fully able to participate in playground programs. In case of emergency I hereby give permission for authorized playground personnel to arrange transport for my child by ambulance to the Cranbrook Regional Hospital.

Parent/Guardian Signature: _____ Date: _____

Waiver and Release:

I, hereby acknowledge that while reasonable precautions shall be taken to ensure the well-being and safety of all Playground participants, the City of Cranbrook, it’s directors, employees, volunteer staff members or facilities are hereby released from any and all liability in the event of any accident or misfortune that may occur.

Parent/Guardian Signature: _____ Date: _____

I, hereby acknowledge that should my child not be able to safely or positively participate in the Play Program (whether with or with-out the assistance of a support worker), I shall be called and asked to pick up my child for the remainder of the day (without program fee refunded).

Parent/Guardian Signature: _____ Date: _____

Photos:

Sign below if you CONSENT TO photos of your child (taken in our programs) being used in City of Cranbrook promotional material.

Parent/Guardian Signature: _____ Date: _____